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STATEMENT OF

FORM 1		IIZATION tructions)		Office use only
NAME OF COMMITTEE (in	full) (Check if nar is changed)	ne Example: If typying, to over the lines	ype 12FE4M5	
Van Scoyoc A	Associates, Inc. PAC			
	101 0			
ADDRESS (number and	street) 101 Constitution	n Avenue 		
(Check if address is changed)	Suite 600 West			
	Washington		DC	20001 -
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA	AIL ADDRESS (Please provide only	one e-mail address)		
(Check if address is changed)	sroehl@vsadc.o	com 		
				11111111
COMMITTEE'S WEE	S PAGE ADDRESS (URL)			
2. DATE M 0 0	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFIC	ATION NUMBER	C C00369058		
4. IS THIS STATE	MENT NEW (N)	OR X AMENDED) (A)	
I certify that I have exan	nined this Statement and to the best of r Treasurer Carrol Kins		correct and complete	
Signature of Treasure	r Electronically Filed by Carro	ol Kinsey	Date 0 3	/ 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of f	alse, erroneous, or incomplete informati	on may subject the person signing	·	_
Office Use Only		For further information Federal Election Toll Free 800-42	4-9530	FEC FORM 1 (Revised 02/2009)